#### TRAFFIC ACCIDENT REPORT

Traffic Control/Road Conditions Driving Lanes: Two Lane

INCIDENT NUMBER

REPORT NUMBER

REPORT TYPE

04JUL21-39KH-00420-14DMA

210230100420 VERSION 1

INITIAL

### PRIVACY ACT STATEMENT

AUTHORITY:5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397

PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.

ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.

DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

#### **ADMINISTRATIVE** Incident Subject: Multiple Motor Vehicle collision (POV-POV) Fleeing the scene **Date Received** Time Received Start Date / Time of Incident Incident Received End Date / Time of Incident 04-JUL-2021 In Person 04-JUL-2021 1936 04-JUL-2021 2121 Type of Accident Number Vehicles Involved Severity Hit & Run 0 Number Killed 0 Number Injured Property Damage Weather: Cloudy Lighting: Dark (Lighted) LOCATION On/Off Base Road or Street on Which Accident Occurred City, State/Territory, Zip/Postal Code, Country On Lawrence Road Kailua, HI 96734 USA At the InterSection of Waikulu Dr. Kind of Locality: Highway/Road/Alley (includes street) VEHICLE(S) Vehicle #1 Оwлег Name (b) (6), (b) (7)(С) <u>Year</u> Color Model Body Style 2010 Black **GENESIS** Coupe HYUNDAI License Plate Vehicle Identification Number (VIN) DOD Decal Ownership Type Hawaii / T8135325 (b) (6), (b) (7)(C) Private/Personal (b) (6), (b) (7)(C) Insurance Company insurance Expires On USAA 06-JAN-2022 Other Identifying Marks: Traffic Control/Road Conditions **Driving Lanes: Two Lane** Character: Level, Straight Surface: Blacktop Conditions : Dry Road Defects : No Defects Traffic Control: Manned, No Traffic Signal Contributing Circumstances and Driver Actions **Direction Headed: NE** Vehicle Defects: None Noted Lawful Speed: 20 Estimated Speed at Impact: **Estimated Speed when Danger was First Noticed:** Distance Traveled after Impact: Estimated Distance when Danger was First Noticed: Vehicle Damage Severity of Damage: Functional Damage Areas Damaged : 6 - Rear Right, 7 - Rear Left Towed By: N/A Towed To: Released to Unit Rep Vehicle #2 <u>Year</u> Color Model Owner Name **Body Style** Make 2012 Sedan (2DR/4DR) (b) (6), (b) (7)(C) Silver CAMRY TOYT License Plate DOD Decal Vehicle Identification Number (VIN) Ownership Type Hawaii / T8162635 (b) (6), (b) (7)(C) Private/Personal Insurance Policy Number Insurance Company Insurance Expires On 21ST CENTURY INS 12-MAR-2022 Other Identifying Marks: VEH INFO UPDATED 29 JAN 2020 KP

Character: Level, Straight

| Surface : Blacktop  | Conditions : Dry   |   |
|---|--|---|
| Road Defects : No Defects   | <u>Traffic Control</u> : Manned,   | No Traffic Signal   |
| Contributing Circumstances and Driver Actions   |  |   |
| Direction Headed : NE Vehicle Defects   | s: None Noted  |   |
| Lawful Speed : 20 Estimated Speed at Impact :   | Estimated Speed when D   | langer was First Noticed :  |
| Distance Traveled after Impact : Estimated Dist   | ance when Danger was First N   | loticed :   |
| Vehicle Damage  |  |   |
| Severity of Damage : Functional Damage Areas Damage   | d: 1 - Front Right, 12 - Front L   | eft   |
| Towed By: N/A   | Towed To: Released to C  | Dwner Dwner   |
| DRIVER(S)   |  |   |
| DRIVER #1   |  | Vehicle 1   |
| Name<br>(b) (6), (b) (7)(C)   | ID Num<br>SSN/(b) (6), (b)   | Rank  |
| Branch of Service Personnel Type Status   | Date of Birth  | Place of Birth  |
| Home Telephone  |  | Work Telephone  |
| (b) (6), (b) (7)(C)<br>Address  |  |   |
| (b) (6), (b) (7)(C)   |  |   |
| Organization (b)  |  | UIC / RUC<br>(b) (6), (b) (7)(C)  |
| Drivers License<br>(b) (6), (b) (7)(C)  | Limitations on Licen<br>None   | Se Driving Experience   |
| Seat Belt Use   Seat Occupied   Chemical Test G   |  | ed BAC PCT  |
| Injury Type(s):   |  |   |
| Contributing Circumstances and Driver Actions   |  |   |
| Citation Number   | Driver Actions   |   |
| N19188996   | Backing, Stopped in  | n Traffic Lane  |
| DRIVER #2   | Backing, Stopped in  | n Traffic Lane  Vehicle 2   |
| DRIVER #2   | ID Num   |   |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service   Personnel Type   Status  |  | Vehicle 2   |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service    Personnel Type   Status   (b) (6), (b) (7)(C)  Home Telephone   | ID Num<br>(b) (6), (b)   | Vehicle 2   |
| DRIVER #2   Name   (b) (6), (b) (7)(C)  | ID Num<br>(b) (6), (b)   | Vehicle 2   Rank  |
| DRIVER #2   Name   (b) (6), (b) (7)(C)     Branch of Service     Personnel Type   | ID Num<br>(b) (6), (b)   | Vehicle 2   Rank  |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b) (7)(C)  Organization  Drivers License   | ID Num<br>(b) (6), (b)   | Vehicle 2   Rank   Place of Birth   Work Telephone   UIC / RUC                                  |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b) (7)(C)  Organization  Drivers License (b) (6), (b) (7)(C)  Seat Belt Use  Seat Occupied  Chemical Test G  | ID Num (b) (6), (b) Date of Birth  Limitations on Licen None iven Chemical Test Refus        | Vehicle 2   Rank   Place of Birth   Work Telephone   UIC / RUC     Be   Driving Experience   22 |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b) (7)(C)  Organization  Drivers License (b) (6), (b) (7)(C)   | ID Num (b) (6), (b) Date of Birth  Limitations on Licen None                                 | Vehicle 2   Rank   Place of Birth   Work Telephone   UIC / RUC   Se   Driving Experience   22   |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b)  Organization  Drivers License (b) (6), (b) (7)(C)  Seat Belt Use Both Used  Injury Type(s):  Contributing Circumstances and Driver Actions   | ID Num (b) (6), (b)   Date of Birth   Limitations on Licen   None   Chemical Test Refus   No | Vehicle 2   Rank   Place of Birth   Work Telephone   UIC / RUC   Se   Driving Experience   22   |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b) (7)(C)  Organization  Drivers License (b) (6), (b) (7)(C)  Seat Belt Use Both Used  Injury Type(s):   | ID Num (b) (6), (b) Date of Birth  Limitations on Licen None iven Chemical Test Refus        | Vehicle 2   Rank   Place of Birth   Work Telephone     UIC / RUC                                |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b)  Organization  Drivers License (b) (6), (b) (7)(C)  Seat Belt Use Both Used  Injury Type(s):  Contributing Circumstances and Driver Actions   | ID Num (b) (6), (b)   Date of Birth   Limitations on Licen   None   Chemical Test Refus   No | Vehicle 2   Rank   Place of Birth   Work Telephone     UIC / RUC                                |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b) (7)(C)  Organization  Drivers License (b) (6), (b) (7)(C)  Seat Belt Use Both Used  Injury Type(s):  Contributing Circumstances and Driver Actions  Citation Number   | ID Num (b) (6), (b)   Date of Birth   Limitations on Licen   None   Chemical Test Refus   No | Vehicle 2   Rank   Place of Birth   Work Telephone     UIC / RUC                                |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b) (7)(C)  Organization  Drivers License (b) (6), (b) (7)(C)  Seat Belt Use Both Used  Injury Type(s):  Contributing Circumstances and Driver Actions  Citation Number  OCCUPANTS(S)   | ID Num (b) (6), (b)   Date of Birth   Limitations on Licen   None   Chemical Test Refus   No | Vehicle 2   Rank   Place of Birth   Work Telephone     UIC / RUC                                |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b) (7)(C)  Organization  Drivers License (b) (6), (b) (7)(C)  Seat Belt Use Both Used  Injury Type(s):  Contributing Circumstances and Driver Actions  Citation Number  OCCUPANTS(S)  PEDESTRIAN(S)  | ID Num (b) (6), (b)   Date of Birth   Limitations on Licen   None   Chemical Test Refus   No | Vehicle 2   Rank   Place of Birth   Work Telephone     UIC / RUC                                |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service  Personnel Type (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)  Address (b) (6), (b) (7)(C)  Organization  Drivers License (b) (6), (b) (7)(C)  Seat Belt Use Both Used  Injury Type(s):  Contributing Circumstances and Driver Actions  Citation Number  OCCUPANTS(S)  PEDESTRIAN(S)  COMPLAINANT(S)  | ID Num (b) (6), (b)   Date of Birth   Limitations on Licen   None   Chemical Test Refus   No | Vehicle 2   Rank   Place of Birth   Work Telephone     UIC / RUC                                |
| DRIVER #2  Name (b) (6), (b) (7)(C)  Branch of Service   Personnel Type   Status   (b) (6), (b) (7)(C)  Home Telephone (b) (6), (b)   Personnel Type   Status   (c) (d), (d)   Personnel Type   Status   (d) (e), (e)   Personnel Type   Status   (e) (f), (f) (f)   Personnel Type   Status   (f) (f), (f) (f) (f)   (f) (f) (f) (f) (f)   (f) (f) (f) (f) (f)   (f) (f) (f) (f) (f) (f)   (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) | ID Num (b) (6), (b)   Date of Birth   Limitations on Licen   None   Chemical Test Refus   No | Vehicle 2   Rank   Place of Birth   Work Telephone     UIC / RUC                                |

| KAILUA, HI 967                            | 34 MCBH KA                  | NEOHE, H                    | awaii               |                     |   |                           |                        |                           |                 |
|---|-----------------------------|-----------------------------|---------------------|---------------------|---|---------------------------|------------------------|---------------------------|-----------------|
| <u>Blas Motivation</u> :                  | No Bias                     |                             |                     |                     |   |                           |                        |                           |                 |
| Offender Used :                           |                             |                             |                     |                     | Type Wea                                | on / Force Use            | <u>ad</u> :            |                           |                 |
| Type of Criminal                          | <u>Activity</u> :           |                             |                     |                     |   |                           |                        |                           |                 |
|   |                             |                             | VEHIC               | CLE(S) USEC         | IN COMMI                                | SSION OF OFF              | ENSE                   |                           |                 |
| Vehicle # 1                               | Vehicle Star<br>Suspect     | tus_                        | <u>Year</u><br>2010 | Make<br>HYUNDA      | AI .                                    | Model<br>GENESIS          |                        | Body Style<br>Coupe       | Color<br>Black  |
| License Plate<br>Hawaii / (b) (6          | s), (b) (7)                 | (C)                         | Vehicle Id          | entification I      | Number (VI                              | N)                        |                        | Owner Name                |                 |
| Other Identifying                         | Marks                       |                             |                     |                     |   |                           |                        |                           |                 |
| Vehicle # 2                               | Vehicle State<br>Target     | us )                        | <u>Year</u><br>2012 | Make<br>TOYT        | Mod<br>CAN                              |                           | <u>Body S</u><br>Sedan | t <u>yle</u><br>(2DR/4DR) | Color<br>Silver |
| License Plate<br>Hawaii (b) (6)           | , (b) (7)(0                 | C)                          | Vehicte Ident       | ification Nu        | mber (VIN)                              |                           | Owner                  | Name                      |                 |
| Other Identifying<br>VEH INFO UPD         | <u>Marks</u><br>ATED 29 JAI | N 2020 KP                   |                     |                     |   |                           |                        |                           |                 |
| PROPERTY                                  |                             |                             |                     |                     |   |                           |                        |                           |                 |
| PROPERTY - NAI                            | RCOTIC(S)                   |                             |                     |                     |   |                           |                        |                           |                 |
| WITNESS(S)                                |                             |                             |                     |                     |   |                           |                        |                           |                 |
| VICTIMS(S)                                |                             |                             |                     |                     |   |                           |                        |                           |                 |
| VICTIM                                    |                             |                             |                     |                     | Indi                                    | i <u>m Type</u><br>vidual | DD2701                 | Issued                    |                 |
| Name<br>b) (6), (b) (7)(0                 | C)                          |                             |                     |                     | ID N                                    | um                        | Rank                   |                           |                 |
| Branch of Service                         | e Pers                      | onnel Type<br>6), (b) (7)(0 | Status              |                     | Date                                    | of Birth                  | Place of               | Birth                     |                 |
| <u>Sex</u> : (b)                          | Race                        | :(b) I                      | Ethnici             | t <u>y</u> :(b)(6), | , (b) (7)(                              | C) •                      | Residen                | t of Jurisdiction :       |                 |
| Address<br>(b) (6), (b) (7)               | )(C)                        |                             |                     |                     |   |                           |                        |                           |                 |
| <u>Organization</u>                       |                             |                             |                     |                     | 200000000000000000000000000000000000000 | / RUC                     | Work To                | elephone_                 |                 |
| Offense(s) Comm                           | itted Against               | This Victim :               |                     | ADDITIONA           | AL VICTIM I                             | NFORMATION                |                        |                           |                 |
| Relationship of Vi<br>(b) (6), (b) (7)(C) | ctim to Susne               | et/s) ·                     |                     |                     |   |                           |                        |                           |                 |
| Aggravated Assau                          |                             |                             |                     |                     |   | ·                         |                        |                           |                 |
| Injury Type(s):                           |                             |                             |                     |                     | ·                                       |                           |                        |                           |                 |
| VICTIM                                    |                             |                             |                     |                     |   | Victim T<br>Society       | ype<br>/Public         | DD2701 Issued             |                 |
| Name<br>SOCIETY,                          |                             |                             |                     |                     |   | ID Num<br>/ UNKN          | OWN                    | Rank                      |                 |
| Branch of Service                         | <del>18</del>               | Personnel UNKNOW            | T <u>ype</u><br>N   | Status<br>CIVILIA   |   | Date of I                 | Birth_                 | Place of Birth            |                 |
| Sex:                                      |                             | Race :                      |                     | Ethnicity           | <u>,</u> :                              |                           |                        | Resident of Juris         | diction :       |
| Address<br>, ,                            |                             |                             |                     |                     |   |                           |                        |                           |                 |
| Organization                              |                             |                             |                     |                     |   | UIC / RU                  | IC.                    | Work Telephone            |                 |
| Offence/e) Com                            | itted Assissor              | Thin Waster                 | 4 11011             |                     |   | NFORMATION                | olo ===! 1             | ant (on as affice less    | 1 2010)         |
| Relationship of V                         |                             |                             | 1 - UCIVIJ -        | - Article TIT       | - Leaving                               | scene of venio            | cie accid              | ent (on or after Janua    | iy i, 2018)     |
| Aggravated Assa                           |                             |                             |                     |                     |   |                           |                        |                           |                 |
| Injury Type(s):                           |                             |                             |                     |                     |   |                           |                        |                           |                 |
| SPONSOR(S)                                |                             |                             |                     |                     |   |                           |                        |                           |                 |
| SUSPECT(S) / AF                           | RRESTEE(S)                  |                             |                     |                     |   |                           |                        |                           |                 |
|   |                             |                             |                     |                     |   |                           |                        |                           |                 |

| ARRESTEE                         | <u></u>                   | <u> </u>                                       |   |  |   |  |                                    |
|----------------------------------|---------------------------|--|---|--|---|--|------------------------------------|
| Name<br>(b) (6), (b) (           | (7)(C)                    |  |   | ID NO                                  | im<br>/(b) (6), (b) (7                      | Rank<br>()(C)  |                                    |
| Branch of Ser<br>(b) (6), (b)    |                           | Personnel Type                                 | Status  |  |   | Place of Birth   |                                    |
| Address<br>(b) (6), (b) (7       | 7)(C)                     |  |   |  |   | \$ box   |                                    |
| Organization                     |                           |  | ***************************************                   | UIC /                                  | RUC   | Work Telephone   |                                    |
| Maiden Name                      | and Known                 | n Alias(es) :                                  |   | (0)                                    | '   | (b) (6), (b)   |                                    |
|                                  |                           |  | ADDITIONAL SUSPECT  | / ARRES                                | TEE INFORMATIO                              | N  |                                    |
| Offense(s) Cor<br>UCMJ - Article | mmitted by<br>e 111 - Lea | This Suspect/Arrest<br>aving scene of vehi     | cle accident (on or after J                               |  |   | al   |                                    |
| Sex                              |                           | Race   | SUSPECT / ARRE  | STEE D                                 | ESCRIPTION                                  | 1  |                                    |
| (b) (6), (b)                     | (7)(C)                    | Trave  | Ethinolity  |  |   | Resident of Jurisdiction   |                                    |
| Hair Col<br>(b) (6), (b          | (-) (-)                   | Eye Color                                      | <u>Height (Inches)</u>                                    |  | Weight (Ibs.)                               | Body Build   | <u>Dexterity</u>                   |
| <u> Hair Type(s):</u>            | Long                      |  | HairStyle(s): Curly                                       |  |   | Facial Hair : Clean  |                                    |
| Complexion:                      |                           |  |   |  |   | Appearance: Glasses  |                                    |
| Attire : Casua                   | al Attire                 |  | Speech :  |  |   | <u>Demeanor :</u> Calm   |                                    |
|                                  |                           |  | IDENTIF   | YING MA                                |   |  |                                    |
| Туре                             |                           | Location                                       |   |  | Description                                 |  |                                    |
| Date A                           |                           |  |   | STEE INF                               |   |  | N4 - J                             |
| Date Arrested<br>Multiple Clear  |                           |  |   | of Arres                               | it :<br>if Juvenile ;                       | Summons/0  | Cited                              |
| Suspect Was A                    | Armed With                |  |   |  |   |  |                                    |
| ADDITIONAL.                      | POLICE OF                 | FICERS   |   |  |   |  |                                    |
|                                  |                           |  |   | ······································ |   |  |                                    |
| NARRATIVE                        |                           | (b) (6) (b) (7)(0)                             |   |  |   |  |                                    |
| At 1936, 04 Juliand Waikulu I    | uly 21, (Al<br>Dr Kailua, | D)(b) (b), (b) (7)(c),<br>HI 96734. This is to | witnessed a Multiple Moto<br>ocated in the Special Marii  | r Vehicle<br>time and                  | e Collision (Fleeir<br>I Territorial Jurisd | ng the scene) at intersection liction of the United States.                              | n of Lawrence Rd                   |
| Statements:                      |                           |  |   |  |   |  |                                    |
| Contact was r<br>thought it was  | made with<br>s nothing.   | (b) , the arrest<br>Then he backed up          | ee. (b) provided me a and drove off.                      | verbal                                 | statement essent                            | tially relating to the following   | g: I felt a bump, but              |
| Contact was r<br>injury.         | made with                 | (b) ; the driver o                             | f Vehicle-2. (b) stated                                   | that she                               | was hit, and ther                           | n requested medical assista  | ance in case of                    |
| Investigation:                   |                           |  |   |  |   |  |                                    |
| roadblock. Th                    | ie driver of              | f Vehicle-1 then atte                          | empted to back up in orde                                 | r to turn                              | onto the adjacer                            | e-2, when they approached<br>nt road (Waikulu Dr.) and m<br>o drive off onto Waikulu Dr. | l a manned<br>ade contact with the |
| While on patr                    | ol, (AID) <sup>(b</sup>   |  | essed the accident take pl                                |  |   |  | stopping him near                  |
| Damage:                          |                           |  |   |  |   |  |                                    |
| Vehicle-1 sus<br>Vehicle-2 sus   | tained dar                | mage consisting of,<br>mage consisting of.     | but not limited to, minor s<br>but not limited to, dented | cratche<br>front lic                   | s on rear bumper<br>ense plate.             | :  |                                    |
|                                  |                           |  | rprints and DNA given by                                  |  | (1) (2) (1)                                 |  |                                    |
| Citation:                        |                           |  |   |  |   |  |                                    |
|                                  |                           | Article 111, fleeing to<br>DD Form 1408 (N19   | ne scene of a vehicle acci<br>188996)                     | dent.                                  |   |  |                                    |
| ENCLOSURE                        | (S)                       |  |   |  |   |  |                                    |
| ENCL#                            | DESCRIP                   | TION   |   |  |   |  |                                    |
| 1                                | <u> </u>                  | g (3 Pages)                                    |   |  |   |  | :                                  |
| 2                                | DD Form                   | 1408(N19188996)                                |   |  |   |  |                                    |
|                                  | 1                         |  |   |  |   |  |                                    |

| 3                 | Sketch Diagram                 |                        |  |  |
|-------------------|--------------------------------|------------------------|--|--|
| 4                 | DD Form 2708 (20210704)        |                        |  |  |
| 5                 | Military Suspect's Acknowledge | gement and Cleansing W | aiver of Right's   |  |
| 6                 | DD Form 2708 (20210705)        |                        |  |  |
| 7                 | DD Form 2708 (20210706)        |                        |  |  |
| 8                 | DNA Collection Form            |                        |  |  |
| REPORTIN          | IG/APPROVING OFFICIALS         |                        |  |  |
| Reporting (b) (6) |                                | Date<br>20-JUL-2021    | Approving Official (b) (6), (b) (7)(C) Accident Investigator | Date 20-JUL-2021 FINAL APPROVED ON 20-JUL-2021 |
| DISTRIBUT         | rion                           |                        |  |  |
| D-547             |                                |                        |  |  |
| Kelefred          | o/Assumed By :                 |                        |  |  |

.

Photo-1: Front left profile of Vehicle-1, no new damage.



Photo-2: Rear right profile of Vehicle-1, new damage circled below.



CCN:210230100420

Page 1 of 3

ENCLOSURE (1)

Photo-3: Front left profile of Vehicle-2, new damage circled below.

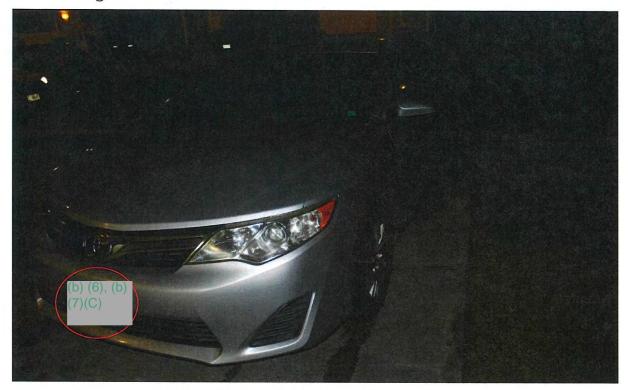


Photo-4: Rear right profile of Vehicle-2. No new damage.

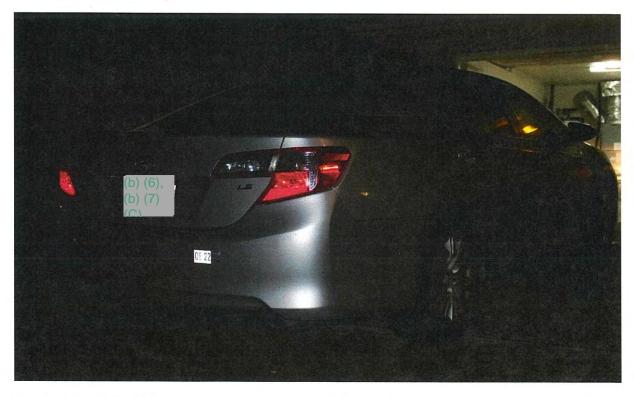


Photo-5: Close up of Vehicle-1, damage consisting of, but not limited to, minor scratches on rear bumper.

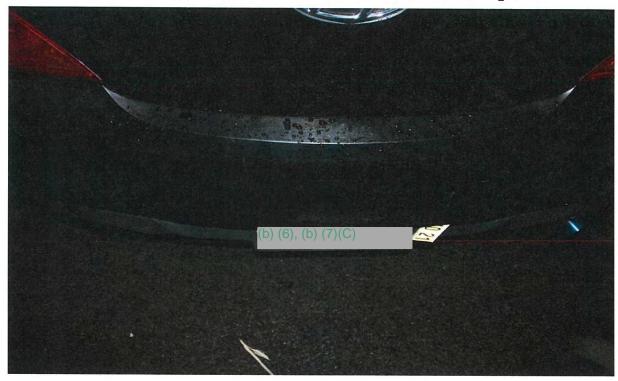


Photo-6: Close up of Vehicle-2, damage consisting of, but not limited to, dented front license plate.



| ) (    | (6), (b)              | First Middle<br>(7)(C)   | Ini | on date shown, a            |     |                                 |     |                                    | (b) (6), (b) (7 |
|--------|-----------------------|--|-----|-----------------------------|-----|---------------------------------|-----|------------------------------------|-----------------|
|        | (6), (b)              |  |     | DATE OF RICIN               | 125 | SOCIAL SECON                    | Ì   | NO.                                |                 |
| 5.0    | PGANIZATI             | ON OR ADD  | DE  | · ·                         | -   |                                 |     |                                    | -               |
| , ,    | (1) (0)               | ), (b) (7  | V   |                             |     |                                 |     |                                    |                 |
| 5. D   | RIVER LICE            | NSE NUMBE  | R   | _                           | 7.  | ISSUING AUTHO                   | ORI | TY (State or                       |                 |
| (1     | b) (6),               |  | C   | )                           | M   | ilitary) (b) (6                 | 3)  | , (b) (7)                          |                 |
| 2/67   | AANE OR TH            | OF DE  | 0   | STATE LICENSE OR            | RE  | GIS NO                          | 10  | , INSTL TAG NO.                    | -               |
| VE     | NCLE U                | TIM,   | 3.  | (b) (6), (                  | (b  | (7)(C)                          | )   | 11/1                               |                 |
| 11     | 04/15                 |  | 42  | ` ' ` '                     |     | LOCATION                        | _   | 10/11                              | =               |
| vea,   | DATE (Day-r           | 101  | 12  | TIME                        |     |                                 | )   | 1. 1.1                             |                 |
| -      | NIP                   | THE RESERVE OF THE PARTY OF THE |     | 1970                        | -   | aw, rence o                     | 21  | I hay Kelin                        | 4               |
| 4.)    | LIMIT                 |  | Х   |                             | X   |                                 | X   |                                    |                 |
| 1      |                       | ph in a<br>ph zone)  |     | 5 - 10 MPH                  |     | 11 - 15 MPH                     |     | OVER 15 MPH                        |                 |
|        | INIPROPE              |  |     | NO SIGNAL                   |     | CUT CORNER                      |     | FROM WRONG                         |                 |
| V -    | LEFT TURI             | -  | -   | THO STOTIALE                | -   | INTO WRONG                      | _   | FROM WRONG                         | -               |
|        | RIGHT TU              | RN   |     | NO SIGNAL                   |     | LANE                            |     | LANE                               |                 |
| 1      | DISOBEYE<br>SIGNAL (1 | When -   |     | PAST MIDDLE<br>INTERSECTION |     | MIDDLE OF<br>INTERSECTION       |     | HAD NOT<br>REACHED<br>INTERSECTION |                 |
| A -    | DISOBEYE              |  |     | STOPPED                     |     | FAILED TO                       |     | ROLLED / SPED                      | -               |
| 1      | STOP SIGI             |  |     | WRONG PLACE                 | L   | STOP                            |     | THROUGH<br>WRONG SIDE OF           |                 |
| O      | IMPROPE               | R<br>AND ->>   | -   | AT INTERSECTION BETWEEN TFC | H   | ON RIGHT                        | -   | ON HILL                            |                 |
| 1      | LANE USA              | AGE  |     | LANE STRADDLING             |     | WRONG LANE                      |     | ON CURVE                           |                 |
| F      |                       | CLOSELY  | 0.  | THER VIOLATIONS             | Des | scribe) 51/                     | 1   |                                    |                 |
| -      | FAILURE               |  | -   | OVERTIME                    |     | DOUBLE PARKI                    | NG  |                                    | -               |
| -      | PARK                  | ING  |     | PROHIBITED AREA             |     | OTHER (Describ                  |     |                                    |                 |
|        |                       | SLIPPERY   | X   | RAIN -<br>SNOW              | L   | AREA                            |     | RAFFIC ACCIDENT<br>YPE OF ACCIDENT | Thursday men    |
| col    | NDITIONS              | PAVEMENT   | -   | ICE                         | -   | INDUSTRIAL                      | H   | PD PI                              |                 |
| TH/    | ΔT                    |  |     | NIGHT                       | 1   | RURAL                           | T   | FATAL                              |                 |
| 1 File | -11                   | DARKNESS   |     | FOG                         |     | 5CHOOL                          |     | PEDESTRIAN                         |                 |
| MC     | REASED                |  |     | SNOW                        | X   | RESIDENTIAL                     | X   | VEHICLE                            |                 |
|        | NOLICALES.            | OTHER  | _   | CROSS                       |     | HIGHWAY<br>TYPE                 | L   | HIT FIXED OBJ                      | 191             |
| aci6   | RIOUSNESS             | TRAFFIC  | Δ   | ONCOMING                    | V   | 2 - LANE                        | -   | RIGHT ANGLE                        | -               |
| OF     |                       | PRESENT  | -   | PEDESTRIAN SAME DIRECTION   | P   | 3 - LANE                        | -   | REAR END                           | 00              |
|        |                       | CAUSED   | -   | PEDESTRIAN                  | 1   | 4 - LANE                        | -   | INTERSECTION                       | 00              |
| VIO    | LATION                | PERSON TO  | -   | DRIVER                      | 1   | 4 - LANE                        |     | HEAD ON                            | 9               |
|        |                       | DODGE  |     | JUST MISSED ACDT            | 1   | DIVIDED                         |     | RAN OFF ROAD                       | 9               |
| 15.    | REMARKS               | 1990   | 71  | 25 A                        | W.  | ed ? a<br>Ivaloting<br>To trult | 100 | cheel<br>neperti                   |                 |

# SKETCH DIAGRAM

DATE OF INCIDENT

07/04/2021

TIME 1936 LOCATION

At Intersection of Lawrence Rd and Waikulu Dr (b) (6), (b) (7)(C)

Investigator

CASE CONTROL NUMBER

210230100420



Lawrence Rd Road Block Waikulu Dr V2

Not to Scale

| RECEIPT FOR PRE-TRIAL/POST-TRIAL PRISON   | IER OR DETAINED PERSON  |
|---|---|
| 1. RECEIVED FROM  a. UNIT/AGENCY (Annotate the releasing Unit/Agency.)  FOVOS + Marshal Office  d. PRISONER NAME (Last, First, Middle)  e. SOCIAL SECUNUMBER (Last, First, Middle)  NUMBER (Last, First, Middle)                        | (b) (6), (b) (7)(C)   |
| 1. DUTY STA<br>Marine Corps Base Karlohe Bay Marin<br>2. TYPE OF CONFINEMENT (X all that apply) PRE-TRIAL POST-T<br>3. OFFENSES/CHARGES OR UCMJ ARTICLES VIOLATED (Annotate the Article Number(s) Preprint the Scene Involving property | ATION THE CORPS Base Hawaii TRIAL SUNDER CUSTODY                    |
| 4. PURPOSE OF TRANSFER OR TEMPORARY RELEASE - Released to unst representative   |   |
| 5. STATUS OF PERSONAL PROPERTY (Annotate where the prisoner's personal property is loc<br>Home, of Recpro, etc.)<br>— FLIANCO ON PUSSON   | caled, i.e., unit supply room, personal storage facility, mailed to |
| 6. REMARKS (Annotate noteworthy information/comments about the prisoner's health, behavior, etc.  | that will assist in the successful completion of the Temporary      |
| Release or Transfer.) — Calm, Questioning   |   |
| 7. RECEIPT FOR PERSON/PRISONER (Identification/verification required on the person receiving).  a. NAME, GRADE, TITLE (Type or print)  b) (6), (b) (7)(C)  c) unit/AGENCY   e. SIGNATURE  | b. SSN (Last 4 only) c. GRADE                                       |
| (b) (6), (b) (7)(C)   | 20210204  |

210230000420

PRE(b) (6), (b) (7)(C)

Adobe Professional X
ENDLOSURE (4)

## DEPARTMENT OF THE NAVY

# MILITARY SUSPECT'S ACKNOWLEDGEMENT AND CLEANSING WAIVER OF RIGHTS

|   | Place: Building 1096 Time/Date: 1230/05July 21   |
|---|--|
| (b) (6), (b) (6), (b) (7)(C)<br>(b) (7) <b>I</b> ,  | (b) (6),   |
| nave been advised by Military Police  | Officer (b) (6), (b) (7)(C)  |
| that I am suspected of Article 111 [Flee  | Officer (b) (6), (b) (7)(C) ing the scene involving property duringe)  |
| I have also been advised that:  |  |
| cannot be used against me in a trial by court-martial  (2) I have the right to remain silent and mak  (3) Any statement I do make can be used ag administrative proceeding;  (b) (4) I have the right to consult with a lawyer lawyer retained by me at no cost to the United Stat no cost to me, or both;  (b) (5) I have the right to have my retained civi during this interview; and (b) (6).  (6) I may terminate this interview at any tim  (b) I understand my rights as related to me and a that I do not desire to remain silent, consult with a | te no statement at all; (b) sainst me in a trial by court-martial or other judicial or prior to any questioning. This lawyer may be a civilian es, a military lawyer appointed to act as my counsel at lian lawyer and /or appointed military lawyer present |
|   | Signature: _(b) (6), (b) (7)(C)  |
| (b) (6), (b) (7)(C)   | Time and Date: 12 . 38 20210705  |
| Witnessed:  |  |
|   |  |
|   | Int. $(b)$ Page $1$ of $2$   |

|            | STATEMENT CONTINUATION OF:  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  |
|------------|---|
|            | NAME: LAST:FIRST:(7)(C)M:(b) (6), (b) (7)(C)  |
|            | Due to being foulth of July I (b) (6), (b) (6), (b) chove   |
|            | through Waithulu Pr + Arnado St. and sow that there   |
|            | was a road guards telling people to go the other  |
|            | way so Easthed It I could get to my friends house   |
|            | which was around the corner and he respectfully   |
|            | clinical it so when I reversed to make a U-tern   |
|            | the car behind me was too close to per me so I beard  |
|            | a bump it didn't feel anything on my cor. I proceeded   |
|            | to drive through the next available street when I heard   |
|            | a honth and a police officer asked me to pull over  |
|            | saying that I reversed into a cor.  |
|            |   |
| ),<br>) (7 | 2) Vo you have anything to add at this time?  |
| )          | A) NoTC   |
|            | (b) (6),<br>(b) (7) 2/2/2 (b) (7)(0)  |
|            | (b) (7) 20210 705 (b) (6), (b) (7)(C)   |
|            |   |
| (b)        | I HAVE READ THE ABOVE STATEMENT CONSISTING OF PAGES. I HAVE MADE ALL CORRECTIONS THAT I   |
|            | DESIRE AND SWEAR THAT THE CONTENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE MADE THIS STATEMENT FREELY AND VOLUNTARY WITHOUT PROMISE OF BENEFIT OR REWARD AND WITHOUT THREAT OF |
|            | PUNISHMENT, COERCION OR UNLAWFUL INDUCEMENT. (b) (6), (b) (7)(C)  |
|            | PRINT NAME  O7 05 2021 12 5 6  DATE / TIME  |
|            | (b) (6), (b) (7)(C)    SIGNATURE  |
|            | SUBSCRIBED AND SWORN TO BEFORE ME ON THIS S DAY OF July 2021 AT 1257  |
|            | (b) (6), (b) (7)(C)   |
| (b)        | MILITARY POLICE PRINT NAME (6), (b) (7)(C)  |
|            | MILITARY POLICE SIGNATI (b) (6), (b) (7)(C)   |
|            | AUTHORITY: ARTICLE 136 (b) (4) UCMJ   |
|            | CCN:  INITIALS OF PERSON MAKING STATEMENT (b) PAGE 2 OF 2   |
|            | ENCLOSURE (5)   |

210230100420

ENCLOSURE (5)

| RECEIPT FOR PRE-TRIAL/POST-TRIAL P  | RISONER OR DETAINED PE                             | RSON                              |
|---|--|-----------------------------------|
| 1. RECEIVED FROM  |  |                                   |
| a. UNIT/AGENCY (Annotate the releasing Unit/Agency.)  | b. DATE (YYYYMMDD)                                 | c. TIME                           |
| Provost Marshal Office  | 20210705   | 1230/1357                         |
| (6), (b) (7)(C)   | AL SECURITY f. GRADE  SER (Last 4 only) (b) (7)(C) | g. BRANCH                         |
| n. INSTALLATION (b) (6), (b) (7) (i. D  | UTY STATION  |                                   |
| Marine Corps Base Kaneohe Bay 1   | larine Corps Bas                                   | se Hawaii                         |
| 2. TYPE OF CONFINEMENT (X all that apply) PRE-TRIAL   | POST-TRIAL UNDER CU                                |                                   |
| 3. OFFENSES/CHARGES OR UCMJ ARTICLES VIOLATED (Annotate the Article   | Number(s) and the specific charge(s) asso          | ociated with each one.)           |
| 1) Article III (Fleeing the scene involu  | ing property dam                                   | age)                              |
| 2) Driving on a Suspended/revoked.  |  |                                   |
| 3) No Hawaii No-Fault Insurance   |  |                                   |
|   |  |                                   |
|   |  |                                   |
| 4. PURPOSE OF TRANSFER OR TEMPORARY RELEASE<br>- Released to Unit Representativ   | 10   |                                   |
|   |  |                                   |
|   |  |                                   |
|   |  |                                   |
|   |  |                                   |
|   |  |                                   |
| 5. STATUS OF PERSONAL PROPERTY (Annotate where the prisoner's personal pro  | perty is located, i.e., unit supply room, per      | sonal storage facility, mailed to |
| - Retained on Person  |  |                                   |
|   |  |                                   |
|   |  |                                   |
|   |  | •                                 |
|   |  |                                   |
|   |  |                                   |
| REMARKS (Annotate noteworthy information/comments about the prisoner's health, be   | havior, etc., that will assist in the success!     | ul completion of the Temporary    |
| Release or Transfer.) -(alm/(ooperative   |  |                                   |
|   |  |                                   |
|   |  |                                   |
|   |  |                                   |
|   |  |                                   |
|   |  |                                   |
| RECEIPT FOR PERSON/PRISONER (Identification/verification required on the per-   | con receiving ourledge of this                     |                                   |
| RECEIPT FOR PERSONIPRISONER (Identification/verification required on the personal NAME, GRADE, TITLE (Type or print)  | b. SSN (Last 4 only)                               | c. GRADE                          |
| (6), (b) (7)(C)   |  |                                   |
| . UNIT/AGENCY Le SIGNATURE  | (b) (6) (b) (7)(C)                                 | F DATE (VVVV) ALADA               |
| (b) (6), (b) (7)(C)   | (b) (6), (b) (7)(C)                                | f. DATE (YYYYMMDD)                |
| Thu and the state of the state |  | 20210705                          |

DD FORM 2708, MAR 2013

JS EDITION IS OBSOLETE.

Adobe Professional X

| RECEIPT FOR PRE-TRIAL/POST-   | TRIAL PRISONER OR DETAINED F                                      | PERSON                              |
|---|---|-------------------------------------|
| 1. RECEIVED FROM  |   |                                     |
| a. UNIT/AGENCY (Annotate the releasing Unit/Agency.)  | b. DATE (YYYYMMDD)  | c. TIME                             |
| Provost Marshal Office  | 20210706  | 1130/1340                           |
| d. PRISONER NAME (Last, First, Middle) (b) (6), (b) (7)(C)  | e. SOCIAL SECURITY<br>NUMBER (Last 4 only)<br>(b) (b), (b) (7)(c) | q. BRANCH<br>(7)(C)                 |
| h. Installation   | II. DUTY STATION  |                                     |
| Marine Corps Buse Kaneohe Bay   | Marine Corps I  | Base Hawaii                         |
| 2. TYPE OF CONFINEMENT (X all that apply) PRE-TRIAL   | POST-TRIAL UNDER  |                                     |
| 3. OFFENSES/CHARGES OR UCMJ ARTICLES VIOLATED (Annotati   | e the Article Number(s) and the specific charge(s) as             | ssociated with each one.)           |
| 1) Article 111 (Fleeing the scene in  | volving Property dama   | ge)[                                |
| 2) No Hawaii No-Fault Insurance   |   |                                     |
| 3) Driving on a suspended/revoked d   | rivers license  |                                     |
|   |   |                                     |
| 4. PURPOSE OF TRANSFER OR TEMPORARY RELEASE   |   |                                     |
| -Released to Unit Representat   | TVE   |                                     |
|   |   |                                     |
|   |   |                                     |
|   |   |                                     |
|   |   |                                     |
|   |   |                                     |
| 5. STATUS OF PERSONAL PROPERTY (Annotate where the prisoner's Home of Record, etc.)  — Retained on Person | personal property is located, i.e., unit supply room, p           | ersonal storage facility, mailed to |
|   | **************************************                            |                                     |
|   |   |                                     |
|   |   |                                     |
|   |   |                                     |
|   |   |                                     |
| 6. REMARKS (Annotate noteworthy information/comments about the prisoner Release or Transfer.)             | 's health, behavior, etc., that will assist in the succes         | sful completion of the Temporary    |
|   |   |                                     |
|   |   |                                     |
|   |   |                                     |
|   |   |                                     |
|   |   |                                     |
| 7. RECEIPT FOR PERSON/PRISONER (Identification/verification required                                      |   |                                     |
| a. NAME, GRADE, TITLE (Type or print) b) (6), (b) (7)(C)  | b. SSN (Last 4 only)  | c. GRADE                            |
| d. UNIT/AGENCY e. SIG   | (b) (6), (b) (7)(C)   | f. DATE (YYYYMMDD)                  |
| (b) (6), (b) (7)(C)   |   | 20210706                            |
| DD FORM 2708, MAR 2013 PREVIOU  | JS  | Adobe Professional X                |

| (1) Offender Full Name: (b) (6), (b) (7)(C)  |   |   |   |  |
|--|---|---|---|--|
| Last:  |   |   | Suffix:   |  |
| First:   |   |   |   |  |
| Middle:  |   |   | - 4   |  |
| (2) Offender Branch: Marine Corps  |   | (3) Offender Social<br>(###-##-#  |   | (b) (7)(C)   |
| Offender Date of Birth: Day (b) Month (b)  | Year (b) (6)  | ), (5) Gend   | er: Male  |  |
| (6) Submitting Agency Name: Kaneohe Bay, HI-MCCID  |   |   | (b) (6), (b) (  | (7)(C)   |
| If Agency is not on the list select "Agency Not On List" and w   | rite Agency name on   | printed form.   |   | _  |
| Agency Case Number: 04JUL21-39KH-00420   | )-14DMA   | (7) Offender/Arrestee Right Index Fingerprint   |   |  |
| Point of Contact Name: (b) (6), (b) (7   | )(C)  | Offend  |   |  |
| Point of Contact Telephone Number: (b) (6), (b) (7)  |   | (7) Right   |   |  |
| Point of Contact Email Address: (b) (6), (b) (7)(C)  |   |   |   |  |
| (8) Person in Block 1 is a: Arrestee   |   |   | ed Offender, do <b>NOT</b><br>Summary Court Martial)  |  |
| If arrestee, have charges been preferred? Yes  |   | Concertor   | Jannary Court Marcialy  |  |
| Is the offender in pre-trial confinement?  | Is the cor  | mmander's written RC  | M 305(h)(2)(c) memo comp  | olete?   |
| Collection Offense 1: 113-RECKLESS OPERATION VEHIC   |   | Details:  |   |  |
|  |   |   |   | Felony   |
| Collection Offense 2:  |   | Details:  |   | Felony   |
| <u> </u>   |   |   |   |  |
| Collection Offense 3:  (9) Correctional Facility, DCIO or Command Representative:  | [   | Details:  |   | Felony   |
| (9) Correctional Facility, DCIO or Command Representative:  I attest that I performed the collection of the cand that the individual's last name and SSN wer for collection as a military convicted offender further attest that I gave him/her the notification expungement in the event his/her conviction for charges against him/her did not result in a conviction of the convi | eral sample from a<br>re written on the b<br>or arrestee, and to<br>on card and Privacy<br>for the qualifying r   | and the fingerprint<br>back of the oral sam<br>that probable caus<br>Act Statement inf<br>military offense(s) i | nple card. I attest that the<br>se coordination was morming him/her that he   | Felony  dentified on this carc he individual qualifie hade with the OSJA. e/she may petition for icted offender) or th   |
| (9) Correctional Facility, DCIO or Command Representative:  I attest that I performed the collection of the cand that the individual's last name and SSN wer for collection as a military convicted offender further attest that I gave him/her the notification expungement in the event his/her conviction for charges against him/her did not result in a conviction of the convi | oral sample from a re written on the bor arrestee, and for card and Privacy for the qualifying rediction (arrestee).  (b) (6), (b) (7)(C) d Name:   | and the fingerprint pack of the oral sam that probable cause Act Statement infinilitary offense(s) i            | nple card. I attest that the<br>se coordination was morming him/her that he<br>s/are overturned (conv                 | Felony  dentified on this carc he individual qualifie hade with the OSJA. e/she may petition for icted offender) or th   |
| (9) Correctional Facility, DCIO or Command Representative: I attest that I performed the collection of the cand that the individual's last name and SSN wer for collection as a military convicted offender further attest that I gave him/her the notification expungement in the event his/her conviction for charges against him/her did not result in a conviction of the convic | oral sample from a re written on the born card and Privacy for the qualifying reduction (arrestee).  (b) (6), (b) (7)(C) d Name: (b) (6), | and the fingerprint pack of the oral sam that probable cause Act Statement infinilitary offense(s) i            | nple card. I attest that the se coordination was morming him/her that he s/are overturned (converted for convertions) | Felony  Jentified on this card the individual qualified that with the OSJA. The self of the control of the control that the card |
| (9) Correctional Facility, DCIO or Command Representative: I attest that I performed the collection of the cand that the individual's last name and SSN were for collection as a military convicted offender further attest that I gave him/her the notification expungement in the event his/her conviction of charges against him/her did not result in a conviction of signature Field:  (b) (6), (b) (7)(C)  If form is manually signed, please print name here: Printe  1) Print the completed form. 2) Obtain the offender/arrestee's right index print in the shipping enverse.   | oral sample from a re written on the born card and Privacy for the qualifying reduction (arrestee).  (b) (6), (b) (7)(C) d Name: (b) (6), (b) (c), (b) (c), (b) (c), (c) (c) (c) (d) Name: (d)  | and the fingerprint pack of the oral sam that probable cause Act Statement infinilitary offense(s) i            | nple card. I attest that the<br>se coordination was morming him/her that he<br>s/are overturned (conv                 | Felony  Jentified on this card the individual qualified that with the OSJA. The self of the control of the control that the card |
| (9) Correctional Facility, DCIO or Command Representative: I attest that I performed the collection of the cand that the individual's last name and SSN were for collection as a military convicted offender further attest that I gave him/her the notification expungement in the event his/her conviction of charges against him/her did not result in a conviction of signature Field:  (b) (6), (b) (7)(C)  If form is manually signed, please print name here: Printe  1) Print the completed form. 2) Obtain the offender/arrestee's right index print in the shipping enveloped in the shipping enveloped.   | oral sample from a re written on the born card and Privacy for the qualifying reduction (arrestee).  (b) (6), (b) (7)(C) d Name: (b) (6), (b) (c), (b) (c), (b) (c), (c) (c) (c) (d) Name: (d)  | and the fingerprint pack of the oral sam that probable cause Act Statement infinilitary offense(s) i            | nple card. I attest that the se coordination was morming him/her that he s/are overturned (converted for convertions) | Felony  Jentified on this card the individual qualified that with the OSJA. The self of the control of the control that the card |